



SUPERINTENDENT'S MESSAGE

By Jeff Butler

Special points of interest:

- Mission/Vision
- Challenges
- Treatment Teams
- Staff Development
- Business Office & Canteen

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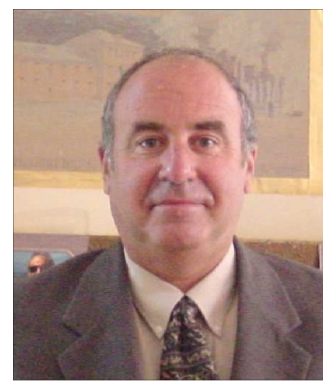
As I sit down to put my thoughts together for this article, I was thinking about all the positive comments that Indianapolis received for hosting Super Bowl XLVI. I had the privilege of being one of the 8500 or so volunteers that were part of this event. The theme that I witnessed, and certainly heard from seemingly everyone, was about how *welcome* they felt and how *helpful* the volunteers and everyone was during the time they spent in Indianapolis. That of course didn't happen by accident!

It took endless hours of planning and preparation to host such a worldwide event. What probably didn't need a lot of planning or preparation was what we commonly refer to as "Hoosier Hospitality". That is part of our

heritage, who we are; and to paraphrase a statement from Tony Dungy's coaching philosophy, "to do what we do". I am using all of the above to emphasize a similar philosophy in what I emphasize as our approach to care and treatment at Richmond.

We attempt to be respectful, courteous, helpful, and to make everyone feel *welcome* who comes into the hospital for treatment or to visit. I could cite numerous examples of that throughout the year, but suffice it to say those examples, much like the Super Bowl experience, is part of "Hoosier Hospitality".

So I close by welcoming you to another edition of our newsletter, a written version of "Hoosier Hos-



Jeff Butler
Superintendent
Richmond State Hospital

pitality is our way of trying to be helpful to our family and friends in the mental health field.

Have a happy spring.

Jeff Butler

COMMUNITY TIES

Copies of Community Ties are sent to family members of our patients, volunteers, retired employees, and community mental health centers. If you would like to receive your copy of Community Ties at your email address, please let us know by emailing tara.jamison@fssa.in.gov or call me at 765-935-9217. You may also call Kathy Tuggle, Assistant in the Community Relationship Department, at 765-935-9394 or e-mail her at kathy.tuggle@fssa.in.gov

TOURS



Richmond State Hospital:
A Place Where Our Family

Our group tours are tailored to meet the needs and interests of our tourists. Over 3500 people have toured the grounds of RSH in the past eight years. Several Indiana and Ohio colleges and high schools tour every year.

Due to the changes in our population, we will no longer be able to provide our substance abuse prevention program called Too Smart to Start.

Kathy Tuggle will be our contact person for any of our presentations. She can be reached at 765-935-9394.

Individual tours are difficult for us to conduct due to the amount of time it takes to conduct a tour. We are currently working on a virtual tour of primarily our main patient care areas.

The virtual tour would be available to be viewed on our internet. Our hope is to have the virtual tour available in 2012.



In an effort to respect the privacy of our patients, a confidentiality form needs to be signed prior to a tour. Tourists are asked not to bring cameras or to take pictures with cell phones.

Richmond State Hospital is operated by the State of Indiana and is under the Division of Mental Health and Addiction.



MISSION/VISION

MISSION

To provide individualized, quality holistic healthcare with respect, dignity, and caring.

OUR VALUES

We believe in all individuals' capacity for:

RECOVERY

- * Recovery
- * Strength
- * Hope

We have accepted the challenge to:

- * Partner with consumers, families, providers, and communities for recovery.
- * Provide a healing, safe, recovery oriented environment.
- * Promote innovation and utilize evidence based practices for recovery.
- * Promote trauma informed care.

RICHMOND STATE HOSPITAL WEBSITE
www.Richmondstatehospital.org

Information about our website may be found on the Internet. We try to have up to date information about various aspects of the hospital. The following topics are

covered at our website

- *History of the hospital
- *Services provided
- *Mission/Vision
- *Superintendent address

- *Volunteer opportunities
- *Community Ties/Inside RSH newsletter
- *Visiting information

- *Key contacts at the hospital



ONGOING CHALLENGES PROVIDE OPPORTUNITIES

By Luanne Handysaylor , LCSW, LMFT

The Social Work Department continues to evolve. Both Kathy Davis and Tim McDivitt are taking on supervisory responsibilities for the social work staff. We still have our veteran Social Workers, Amy Banta, Sheila Buckler, Virginia Davis, Donna McFarland, Kathy Elliott, Sandy Vanderbeck, Angela Youkon, Tom Tash, and Ashley Steffee.

Our Social Workers on 421 have been extremely busy the past few weeks working with their interdisciplinary team to write new evidence based curriculum for our Integrated Dual Diagnosis Treatment program.

All of our Social Workers meet twice a week with their multidisciplinary teams to discuss each patient's progress. Social Workers have regular contact with the patients and help our patients with daily needs and living skills. Our staff works to develop trust and a working alliance with our patients.

Research shows that social support plays a critical role in improving assessments and in reducing relapse and hospitalization in patients with mental illness. Family psycho education fosters social support. It includes consumers, caregivers (family members and friends), and service providers in the treatment process.

I would like to invite family members who have questions about their loved ones to either contact the Social Worker on that unit or myself. I would also like to invite anyone who

has a topic they would like to know more about to contact their specific social worker or myself.

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Luanne Handysaylor
Professional Practice
Director

"Social Workers are busy making arrangement to accommodate our new patients, make them feel welcome, and make the transition as smooth as possible."



Carry out a random act of kindness with no expectation of reward, safe in the knowledge that one day someone might do the same for you. ~Princess Diana

EMPLOYEE HEALTH

By Melissa Galliher, RN



Even with the mild winter we have experienced so far we have seen several cases of sinusitis and pharyngitis as our infection surveillance has shown. We continually remind and monitor our clients and employees on good hand cleansing and cough techniques. There has been no major outbreaks of flu like symptoms.

All clients and employees were offered

the Flu Vaccine. Almost half of our client population and about 70% of our employees received the flu vaccine. In the coming year we will be working on increasing those numbers per Joint Commission Standards.

Infection Control Risk Assessments continue to be completed in all client areas including food service and dining rooms. These assessments have proved to be an important tool in educating our employ-

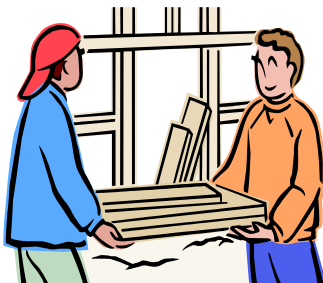
ees on proper procedures and another way to increase compliance in following guidelines and standards as outlined by reviewing agencies.

"Nine-tenths of our sickness can be prevented by right thinking plus right hygiene"

Henry Miller

BUILDING AND GROUNDS PROJECTS

By Dave Shelford



Window and Door Upgrades at RTC

– We are in the design stage of a project to replace all bedroom windows and to change the opening direction and replace locksets on all bedroom doors in the Residential Treatment Center. This project is to bring our doors and windows up to the latest standards of care and safety while allowing our patients access to outside air and enhanced privacy. This project is expected to begin in late spring or early summer and be completed before next winter.

New Roofing on RTC and Staff Development Buildings – Our project to replace these two roofs was recently approved and is on schedule to begin

this spring and completed over the summer. The roof on RTC is the original roof since the building opened in 1992 and is at the end of its life span.

Water Tower – The water tower is still scheduled to be removed this spring.

Grove Road Reconstruction – This project is high on our list of building and grounds needs but has been delayed to the summer of 2013 due to state budgeting cycles. We will continue to develop this project through the Indiana Department of Transportation and possibly even include other improvements that would enhance our street system.



ELECTRONIC CHECK REQUEST

Our business office staff and social workers developed a process to replace our old handwritten check requests. The check request is an order from the social worker to the business office to disburse held funds to our patients. Our staff is excited about this new electronic check request as it will allow our business office to be ready to serve each patient.



Dr. Donald Graber,
Medical Director

MEDICAL SERVICES

Dr. Don Graber, our Medical Director, last day of work at the hospital was Friday March 2nd. Dr. Graber is moving to Arizona to be able to be closer to family who live in Colorado. We are currently working on trying to find a replacement at the Medical Director position. Good Luck Dr. Graber. You will be greatly missed.

PROTECTION & ADVOCACY

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act was signed in May of 1986 by President Ronald Reagan. In September 1986, Governor Robert Orr signed Assurances that the State of Indiana would provide protection and advocacy services to citizens experiencing mental illness. Indiana Protection and Advocacy Services was designated as the agency to provide these services and is a

congressionally mandated, legally based disability rights agency. Committee Meetings. The IPAS has the authority to provide legal representation and other advocacy services, under all federal and state laws to people with disabilities based on a system of priorities. To defend the human, legal and civil rights of people with disabilities, Congress established Protection and Advocacy systems in each state. The Advocacy Specialist representative for our area attends our monthly Human Rights Committee Meetings. The new representative is now Tina Frayer.

Protection and Advocacy may be contacted at 1-800-622-4845, ext. 236. Protection & Advocacy may also be contacted by calling 1-800-838-1131 or voice mail number at 1-800-622-4845, or by mail at Indiana Protection and Advocacy Services, 850 North Meridian, Suite 2-C, Indianapolis, IN 46204.



TREATMENT TEAMS

Each patient's treatment is reviewed in an inter-disciplinary team meeting at least every 90 days. Families of patients are encouraged to be involved in the treatment team meetings for the best interest of the patients. The treatment team is composed of a coordinator, physician, social

worker, psychologist, nurse, activity therapist, and, in some cases, substance abuse counselors. Letters from treatment teams are sent notifying families every time a master treatment plan or review is being done. Conference phones are available for family participation in the

meetings. Whenever you are calling our toll free number, please allow us to call you back immediately on our hospital line. This helps keep the cost of our toll free number down.

If you want to contact a staff member at Richmond State Hospital, our toll free number is 1-800-986-6691.



**"Individuals
score points, but
teams win
games."**

STAFF DEVELOPMENT

By Mike Morrow



"Coming together is a beginning. Keeping together is progress. Working together is success"
Henry Ford

Staff Development is responsible for training new employees and also providing continuing education/training for current employees. We continue to provide a 12 week psychiatric attendant training class, annual recertification RN/LPN orientation and professional rescuer CPR/automated electronic defibrillator/first aide courses.

Other training Staff Development is responsible for:

- * ANSA
- * Bridge Building
- * Health and Safety
- * Qualified Medication Aide

We also provide tours for nursing students who contracted with RSH to have practicum hours on some of our units during their Psych rotation. Staff development is responsible for scheduling these programs and for speaking to them about the

history of RSH, and a review of our policies they must follow while on the units. They are also given a tour of the Darby house and get to spend time at our museum. Some of the schools the nursing students come from are IU East, Ball State, Ivy Tech and New Castle.



Road Map

During the one day Road map training, Staff Development has been given the task of presenting communication and teambuilding to our employees. We are focusing on quality components such as: tone of voice, word choice, body language and being clear and confident when addressing each other and our patients. We have received very favorable evaluations and staff especially enjoys the activities we designed for them. Our goal for the training is to get individuals to understand and



think about their own actions when it comes to communicating with others across grounds.

Mentoring Program

gram

The mentoring program that we started for the new Behavioral Health Recovery Attendants last year has been very successful. RSH has hired 36 new BHRA's since June 2011 and presently nearly 80% of these employees continue to work at the hospital as vital partners in providing quality patient care.

The feedback that we have received from the new employees that have gone through the program has been very positive. All of them felt that they were prepared to start working with clients on the units due to the knowledge and expertise that was shared with them by their mentors.

FRIEND-TO-FRIEND PROGRAM

Community Relations staff would like to thank everyone who has been participating in the Friend-to-Friend program. There are several patients waiting to participate in this program, which is ideal for organizations, Sunday school classes, clubs, or individuals.

Patients who are in the program are thrilled to receive letters, cards, phone calls, visits and gifts from their "friends". The experiences found depends on your friend's needs and your own interests, time and capabilities. Communicating on a regular basis is beneficial to your friend.

When a "friend" is assigned, your friend is informed about the program and expecting to have contact with you. With shorter discharge rates than in the past, your "friend" may be leaving the hospital. Some participants choose to have a new friend and others wish to continue to be a "friend" to the same patient at a new location.

We are always glad to discuss the Friend-to-Friend program. For more information contact Community Relations, 765-935-9394.



"A friend is a person who knows what you are saying, even if you're not talking."
~ Sarah Bennett

DONATIONS NEEDED



Items currently needed for patients activities, crafts, etc., are golf balls, Legos, shoe boxes, board games, costume jewelry, bikes, travel size toiletries, denim materials, jewelry beads, ping pong balls, and key rings. These items may be marked for Community Relations and taken to the Switchboard located in the AIT (417) building at any time since our switchboard is manned 24/7.

THE REHAB REPORT

The Rehab Department had their usual busy schedule going into the holiday season. Many of the units participated in special Thanksgiving dinners, Christmas parties, and now looking forward to spring and summer activities. Even though it has been a warmer winter than usual, our staff and patients are already planning and looking forward to some outside activities.

One of the highlights of the past four months was on Thursday December 8th patients participated in our "Christmas Through our Eyes" Program which has become an annual event. The 2011 theme was Advocacy Angels. Before the program, patients had the opportunity to participate in the NAMI tree lighting ceremony at the NAMI House. The program then moved to our Auditorium where patients had an opportunity to express their ways of advocating for themselves through poetry readings and music. Our guest speaker was Rhonda Ames from Key Consumer who gave an inspiring message of advocacy. Patients were also able to participate in the Creative Workshops held on November 30th in which patients go around to different stations of painting murals, making wings out of clay, constructing angel

ornaments, writing stories of who was their angel of advocacy and decorating cupcakes with wings for the program. It was very exciting to see the smiles on many of the patients as they were able to find success in their creativity as well as taking steps of advocacy for themselves.

Another goal for the Rehab Department the last couple of years is having each unit sponsor at least one fundraiser and give back program each year. The whole concept is that many patients really enjoy a special event like a pizza party, cookout or a trip to the Indianapolis Zoo, etc. By having our patients participate in trying to earn a portion of the money for a special event, it helps our patients contribute to the rewards of that special event. The idea of the give back program is the notion that all of us can contribute or give to others regardless of our disabilities and challenges. Patients work with their rehab staff to come up with what activities they would like to do as their fundraiser, as well as what charitable organization they would like a portion of the earnings to go to.

The following are the fundraisers that each of the units participated in and the organizations they contributed to in 2011:

- * 417A – Valentine Flower and Bake Sale (Richmond Animal Help Shelter)
- * 420A – Bake Sale and Popcorn and Pop Sale (NAMI House for art supplies)
- * 420B – Tomato Plant Sale (America Cancer Society)
- * 421A – Bake Sale and Car Wash (Richmond Animal Help Shelter)
- * 421B – Breakfast Burrito Sale (Richmond Boys and Girls Club)
- * 422A – DVD/Video Sale (America Cancer Society)
- * 422B – Wicks Pie Sale (Richmond Animal Help Shelter)

In addition to the unit program, there are also several Community Service Project classes being offered that patients can participate in the give back initiative on a weekly basis. Some of the projects that these classes work on are making dog biscuits and cat nip bags for the animals at the Help Shelter, helping to advertise and distribute boxes for the community food drive, making valentine cards for other unit, sending cards to our servicemen overseas, etc. Many of the patients really enjoy seeing the happiness that they bring to the recipient of their act of kindness.

COMMUNITY RELATIONS CORNER

By Tara Jamison

The Community Relations Department has had a lot of changes over the last four months. Change can be a challenge for all of us to adapt to but we all need to look towards the positive in what it may bring us. The year 2011 and into 2012 has provided us with a lot of change.

Mary Johnson, our Administrative Assistant assigned to the Community Relations Department, became ill in December 2010. Most of 2011 we found ourselves without Mary's help and expertise in our office. Even though Mary was able to volunteer and help us with a lot of the correspondence with our Christmas Gift Lift Program for 2011, she will not at this time be returning to work full time. Mary has been an enormous part of the activities and events that take place out of the Community Relations Department. We have missed her dearly throughout the year and are very thankful for her ability to still volunteer her services when she is able.

We are very excited to announce that we were able to hire Kathy Tuggle as our new Administrative Assistant in November 2011. We have been blessed to have Mary be able to teach Kathy a good portion of her job. Kathy has worked at Richmond State Hospital for 10 years so she comes with a lot of experience and energy to the position. As we teased

her, she survived her first Christmas with all the special events of the NAMI Christmas Dance which we host at our facility, our unit Christmas parties, and all the other efforts that goes into collecting, boxing and wrapping 900 gifts for our patients through the Christmas Gift Lift Program. As we speak, Kathy is learning her next task of putting together this Community Ties issue. Kathy will continue to learn the many aspects of the job from working with our volunteers, conducting tours and continuing to reach out to the community.

Our Christmas Gift Lift Program for 2011 was another huge success for our patients. Many special thanks to all of you who contributed to the program through your generous donations. Of our 211 patients at the hospital, 194 of them were adopted by your generous contributions. The few patients who were not adopted still were provided with many gifts through our donations that were not necessarily designated for a particular individual. Many of our patients were so appreciative of the gifts they received stating this was "the best Christmas I ever had." Thanks again to all of you who contributed to the success of this worthwhile program.

The last news I want to let you know is our Community Relations office will be moving back to our newly remod-

eled area very soon. We will be headed back to the first floor of the Administrative Annex which is directly behind the Administration Building. Our maintenance department has done a fantastic job remodeling our area. All our contact information both phone and email addresses will remain the same. We are very excited about our new area and welcome you to visit Kathy Tuggle, Connie Taylor, Denise Townsend, Ruth Haskett and myself, Tara Jamison, at our new location.



Friends are the sunshine of life.

- **John Hay**

LISTENING TO THOSE WE SERVE, REFLECTIONS FOR SPRING 2012

Judy Malone Cole, Ph.D., R.N., Clinical Director

Richmond State Hospital is committed to individualized, quality, holistic healthcare with respect, dignity and caring with a strong belief that people have the capacity to recover using their strengths within a hopeful environment.

Our mission, and you have to admit it's a big challenge, boils down to listening and taking action based upon what we learn. One of our major ways of listening is through our consumer and family satisfaction surveys. In fact, consumer satisfaction is the most powerful indicator of quality across all healthcare settings. The idea is that if you like the service, you'll bring your business to that organization in the future.

Frankly, we'd prefer that people NEVER come back and that we get to know them as our neighbors, friends and productive community members. So, listening is critical and here's what we heard and learned from last year.

Before discharge we had 81 patients and 25 families complete surveys. Thank you for all of these responses which helps our organization learn how to better serve and improve in care of our patients. And I'm happy to report that on one survey, we improved our average score on 18 items (out of 23) over last year. And given all our changes in populations and decreasing capacity to 220 beds, it indicates that we didn't drop the ball on the quality of our services. Comments such as "thank you for staff that helped" and "I think the hospital is great just the way it is" speak well of the work we do.

Here are the items we improved on compared to the previous year:

- * The staff takes time to answer my questions.
- * I am treated with respect and courtesy by staff.

- * Activities are helpful.
- * I understand the units' rules.
- * I have access to my doctor.
- * I understand my treatment plan.
- * I know how to file a complaint if I feel my rights are violated.
- * I have access to my clean clothes.
- * I feel safe in the hospital.
- * I am learning ways of coping with problems.
- * I understand what I must do to be discharged.
- * Overall, I am satisfied with care I am receiving.
- * My doctor keeps up to date on my condition.
- * Staff encourages me to participate in my treatment.
- * I understand the benefits and side effects of my medication.
- * I am involved in my discharge planning.
- * Staff responds to my concerns.
- * I am allowed to practice my religion and/or attend worship.
- * I am comfortable asking questions about my treatment and medication.

From families, we learned that we improved in following areas

- * Making visits more private for families.
- * Staff members treat my relative/friend with respect.
- * I am given an opportunity to offer information and suggestions to treatment staff.
- * Staff responded to my concerns.
- * Medications seem to help my relative/friend.
- * My relative/friend is safe and secure in the hospital.
- * My relative receives quality medical and dental services.
- * I am provided with useful information about diagnosis and treatment.



**Judy A. Cole
Ph.D., R.N.,
Clinical Director**

- * I am given useful information on how to cope with my relative/friend's psychological problems.
- * Requests for home visits are handled in an orderly fashion.

A major improvement, compared to last year, was in information to families about diagnosis, treatment, and how to cope. When patients leave us and return home, these are the areas of life that families need to understand. Early in 2011 the Social Work department, under the direction of Luanne HandySaylor, LCSW, LMFT, was tasked with making changes as an effort to improve care for families. The social workers changed their schedules to include late nights and Saturdays which had a focus on community follow-up of patients who were discharged. Something else could have changed as well and influenced the scores, but bottom line—the scores got better on these items. A great outcome!!!

And families reported that they would recommend treatment at this

LISTENING TO THOSE WE SERVE, REFLECTIONS

Dr. Judy A. Cole, Ph.D., R.N. Clinical Director

hospital to others. Patients, overall are satisfied with care. Given that our clients come here involuntarily, I am humbled by their agreement with this item. We truly must be doing some major good.

Listening is also about looking at the things we need to improve. These areas include being more effective in teaching skills to cope and deal with

symptoms, social interaction skills, and all staff need to talk more with patients. Patients need more information on medications and they also want to understand why they are at the hospital so that we can prevent re-admissions. I invite all of you to give us feedback about what

we're good at, what we need to improve on, and how RSH has impacted your life. We're invested in listening and learning so that we can do the best we can.

GENEALOGY

by Jay Wenning

Genealogy, the tracing of one's family history, is popular hobby for many individuals today. In a typical year, Richmond State Hospital (RSH) receives dozens of requests for medical records from the descendants of past patients. Unlike many other historical records available to the public, RSH medical records are confidential and not subject to the state of Indiana's 75 year Public Records law.

Unfortunately, we do not have the original medical records of every patient treated at Richmond State Hospital. Records keeping laws and practices have changed over the years since RSH opened in 1890. Today's retention policies require the hospital to store the complete

medical record of patients for 10 years after their discharge. After the required 10 year retention period, a 5% sample of records is sent to State Archives and the rest of the medical records are reduced to the summary documents of the hospitalization. The excess medical information is confidentially shredded. The hospital has reduced medical records of patients discharged between 1979 and 1999. The medical records of all patients discharged before 1979 were destroyed (except for a 5% sample sent to State Archives). However, the hospital does have basic admission and discharge information from the register books for patients discharged between 1890 and 1979.

Individuals requesting copies of RSH medical records for genealogy



Jay Wenning
Health Information

purposes may contact the Health Information Services (HIS) department at phone number 765-935-9234 or fax number 765-935-9509. You will be asked to complete an "Authorization for Release of Information" form, provide a copy of a state issued photo ID, provide proof of a familial relationship, and provide a copy of a death certificate

HUMAN RESOURCES

By April Craig

2012 is off to a great start at RSH. In human resources we are busy with developing training for new supervisors, attending job career fairs, and soon we will job shadow the staff to learn more about the individual contribution of each department.

RSH Human Resources has set a goal for 2012 to get our name into

the community. We have planned to attend Colleges and Universities in Indiana and Ohio to recruit quality applicants. There are many views that RSH is not hiring, etc. These rumors are not true. RSH is actively hiring, and we plan to reach out and show what a wonderful place this is to work.

Some positions currently open at RSH are Registered Nurse, LPN, BHRA, and Psychologist. Applicants must apply online to open positions at RSH by visiting: www.indianastatejobs.org. If you have questions, please feel free to call the RSH Human Resources Department at 765-966-0511 ext. 9298.

NAMI EAST CENTRAL INDIANA



NAMI East Central Indiana is located on the grounds of Richmond State Hospital in the original farmhouse. Patients may stop in and visit or read from the many books and pamphlets on depression, bipolar, schizophrenia, and more. Kim Lairson is the president of NAMI East Central Indiana. The NAMI house is open Mondays, Wednesdays, and Fridays from 10

a.m. to 2 p.m.

Betty Mark, member of the local NAMI, was instrumental in getting the CIT training in Wayne County, as well as several other Indiana counties. CIT is a 40 hour training program for local public safety personnel in recognizing, handling, and de-escalation techniques dealing with mental health consumers. CIT recertification is yearly.

NAMI East Central Support group meetings are on the first Tuesday of each month in the CTC Training Center at Richmond State Hospital. Each meeting features a special speaker. Patients from the hospital are invited to these meetings as well as family members and the East Central Indiana community.

Lisa Blansett, Recovery Specialist at the hospital, has taken on the position of Advocacy on the NAMI

board. Lisa is trying to fill the shoes of Betty Mark, the previous person in this position. Lisa says she will try her best to live up to efforts and dedication of Betty.

For more information you may call NAMI at 765-966-4094 or Richmond State Hospital at 765-935-9405, Lisa Blansett's number.

VOLUNTEER OPPORTUNITIES

There are many opportunities for volunteers at Richmond State Hospital. If you are interested in volunteering in one of the following areas, please call us at 765-935-9394.

- | | | |
|------------------------------------|-------------------------------|-------------------------------------|
| * Art Murals | * Bicycle Repair | * Donation of DVD |
| * History of Hospital | * Library Services | and CD players |
| * Pond Development | * Pastoral Care | * Donation of Exercise and Aerobics |
| * Patient Interactions/ Activities | * Donation of Birth-day Cakes | VHS or DVD tapes |



Patients enjoy fishing at the Lazy Haven Pond on the grounds of Richmond State Hospital.

PICNICS



Patients look forward to visiting their home counties and seeing family and friends at picnics every summer.

This summer picnics will be provided by Mental Health America

of Blackford County at Hartford City, IN; East Lynn Christian Church of Anderson; East Central Indiana NAMI.

We really appreciate everything done during the picnics for patients and staff. If

your group or organization are interested in sponsoring a picnic for our patients, please contact Richmond State Hospital, Community Relations, 765-935-9350.



ENVIRONMENT OF CARE

By Judy Rohe

DISASTER DRILLS - Clients and staff participate in several Disaster Drills each year. All staff on grounds are trained on what their responsibilities are during a disaster so that we can continue to provide a safe environment for our clients.

The Emergency Operations Plan explains the roles of key personnel and department functions during a disaster. The Administrator on Duty (AOD) will assume the role of Incident Commander. The Security Officer will be responsible for maintaining the safety and security of the entire campus including the disaster site.

The Switchboard Operators will provide and communicate information throughout the campus as

needed. All available Nurses and Physicians will be assigned to Triage. All available Staff will report to the staging area for assignments. Pharmacy staff will be responsible to provide pharmaceuticals as required. Transportation will be the responsibility of the grounds/motor pool staff that will provide vehicles. Maintenance Personnel will be responsible for isolating and correcting safety issues. Warehouse Staff will provide supplies such as blankets, flashlights, wheelchairs, personal protective equipment and other items. Food Service will provide nourishment and water as required. Provisions for trauma counseling for clients, staff, families and victims will be the responsibility of the Psychol-

ogy Department. Volunteers, who are a health care professional or licensed independent practitioner, may help on campus after they are verified by Human Resources.

In the event of a disaster, our plan also calls for staff to contact family members regarding the status their loved ones. We will do our best to provide the safest environment for clients, visitors and staff at this Hospital during a Disaster.

HOSPITALITY HOUSES



"Friendship is the only cement that will ever hold the world together."

Woodrow Wilson

Richmond State Hospital provides hospitality houses for relatives of patients traveling from a distance to visit their loved ones. These houses are available at no cost to families of patients. All houses are completely furnished, including an operative kitchen and laundry in several houses.

If you would like to reserve a hospitality

house, please call Donna Crist, Administrative Assistant to the Superintendent, at 765-935-9201. She will get you scheduled for a stay at a hospitality house while you are here to visit with your loved ones. The houses are scheduled on a first come, first serve basis. So call as soon as you know you will be needing to stay.



Many families, who drive from distances to visit their loved ones, enjoy staying at one of our Hospitality Houses.

NURSING DEPARTMENT NEWS

by Gretchen Gibbs, DON

"A Healing Environment"

We haven't heard much in the Nursing field in the last 20 years about "therapeutic milieu." It was all the rage in the '80s. In the context of Health Care, "therapeutic milieu" is a term used to describe an environment that promotes healing and growth for patients. Specifically, the units in which patients reside while in our hospital should facilitate and promote the patient's healthy interactions with others. This is particularly important in a psychiatric setting because the difficulties our patients have, that necessitate them coming into treatment, arise out of the challenges they face in interacting with others.

So how do we create a healing environment among 28-30 individuals who have varied backgrounds and experiences, who often are not here voluntarily, and who suffer from a variety of psychiatric illnesses? Needless to say, this is a challenge for the staff members and one that demands our constant attention. The keys to a successful therapeutic milieu are **support, structure, repetition and consistent expectations**.

How do staff members "support" patients in a healing environment? Support can be physical in

nature...attending to health needs, assisting with personal hygiene and grooming, making sure that patients are getting good nutrition and fluids. Maintaining a safe, non-threatening environment provides physical support for patients. Obviously, support is also psychological...staff members talking with patients to promote healthy interactions with others. Support involves active listening that enhances motivation to make the changes needed to improve relationships and behavior so that patients can successfully return to their communities. Support is problem-solving with patients and helping them to explore their options, maximize their strengths, and adapt to their environments. Above all, staff members are supportive by showing compassion, empathy and caring.

Providing structure in the environment involves establishing "routines" or "schedules" on the unit...times to eat, sleep, attend classes or activities, and times for other activities of daily living. Many patients had no established routines or schedules at home prior to being hospitalized. Their personal lives were disrupted by the symptoms of their psychiatric illness...this is not conducive to promoting health or healthy hab-

its. Structure is also expressed in the types of relationships in which the patient is involved on the unit. Community meetings in which patients can discuss expectations of community members are an important part of the structure of the unit. Patients working with staff members to develop their plans of care is also part of the structure on the unit that promotes responsibility and recovery. Repetition is also a critical component of a healing environment. Old habits of relating to others and the world are difficult to break, even if they are destructive or ineffective. It's not enough just to "learn about" better ways of interacting with others or the environment...those new and better ways will not become habits unless they are repeated over and over until the "old habits" are replaced by the new. An effective therapeutic milieu must include ample opportunity to repeat new learned behaviors successfully, so that they can become routine, familiar and comfortable. Successful repetition of new skills builds confidence and self-esteem.

Everyone wants to know what is expected of them...whether it's in the home environment, the work environment, or in relationships. Thirty people

cannot live successfully in the same space without some basic expectations of how to treat one another with respect and dignity. Staff members act as role models, practicing the behaviors that are expected of everyone in the environment. Those expectations are a part of our mission and vision at the hospital, and apply to everyone in the hospital (patients and staff members).

Even though none of us live up to our expectations 100% of the time, those expectations exist as guideposts to get us back on track when we fall short.

A healing environment is everyone's responsibility...patients, nursing staff, other clinical staff and leadership at the hospital. We all form a **COMMUNITY** that must work together to create a safe and therapeutic space in which healing, recovery and growth can occur.



Gretchen Gibbs, CFNP
Director of Nursing
Richmond State Hospital

Integrated Dual Disorders Treatment (IDDT)

By Tim McDivitt

Stages of Change	IDDT Stages of Treatment
Pre-Contemplation	Engagement
Contemplation & Preparation	Persuasion
Action	Active Treatment
Maintenance	Relapse Prevention

As Spring 2012 approaches, staff on Richmond State Hospital's 421A & B units are gearing up for implementation of the Integrated Dual Disorders Treatment (IDDT) structure into the delivery of services for providing treatment to those of our patients with both severe mental illness and substance use disorders (co-occurring disorders).

IDDT has adapted elements of the well-known Stages of Change model and translate them into the IDDT model of "Stages of Treatment." And, though IDDT was originally developed as an outpatient approach to treatment, it has been successfully adapted to inpatient settings such as Richmond State Hospital. Above is a side-by-side illustration of how the Stages of Change and IDDT Stages of Treatment coincide with one another:

During the Engagement stage of treatment, clinical focus will be on the development of a trusting, collaborative relationship with the new patient; practical support for daily living in regard to food, clothing, housing, medicine, safety, and crisis intervention; and ongoing identification of treatment needs by continued assessment of personal histories, goals, and readiness to change.

In the Persuasion stage of treatment (when ambivalence about

making changes to substance use and addressing mental illness is normal) education is provided to patients about alcohol and other drugs, mental illness, and activities that promote health and wellness. Likewise, skills training opportunities and support to families are offered.

During the Persuasion stage of treatment, motivational interventions (e.g., Motivational Interviewing) are employed. These motivational interventions are used to help hospital staff understand the patient's goals and to help patients understand the pros and cons of personal change. In addition, these types of interventions may assist the patient with recognition of discrepancies between their goals and lifestyles; assist the patient in maintaining abstinence and adhering to their medication regimen; and assist the patient in recognizing and taking pride in strengths and successes. Also, a Pay Off matrix is used to help the patient move from ambivalence about change into positive action toward change.

The Active Treatment stage of the IDDT model addresses skill building through the teaching of illness management skills for both disorders (such as refusal skills, managing triggers and cravings, recognizing symptom onset, communication skills, etc.). It is during this stage of treatment that development of social support from the recovery community is encouraged. These social supports might

include self/mutual help groups and/or faith based affiliations.

Also, use of cognitive behavioral interventions assist patients with addressing negative thoughts and behaviors and development of coping skills for both disorders.

Finally, in the Relapse Prevention stage of treatment emphasis is on planning, lifestyle, and social support. Regarding planning, in this stage the patient develops a relapse prevention plan and staff supports the patient in maintaining lifestyle changes learned in active treatment. Also, lifestyle is addressed through staff's encouragement and support for the patient setting new goals that will enhance their quality of life.

Lastly, social supports continue to be developed so as to maintain positive peer relationships and supportive clinical relationships that facilitate the reduction of frequency, intensity, and duration of relapses into problematic behavior.

As can be seen there is much to be excited about at Richmond State Hospital as the IDDT structures and approaches continue to be incorporated into the treatment provided to our patients. I will continue to provide updates on our progress in Community Ties.